# CHAPTER 5 SECTION 3

### Institutional Edit Requirements (ELN 145 - 164)

LEMENT	NAME: PATIENT COPAYMENT	τ <b>(1-145)</b>	
		VALIDITY EDITS	
-145-01	MUST BE NUMERIC.		
		RELATIONAL EDITS	
	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, PATIENT RELATIONSHIP TO SPONSOR, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, SPECIAL RATE CODE, BILL CLASSIFICATION CODE, OVERRIDE CODE
	SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OI SUBMISSION, SPONSOR STATUS PATIENT RELATIONSHIP TO SPONSOR, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, PATIENT COINSURANCE, OVERRIDE CODE
	TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED
	SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED
	PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDI CODE
	OVERRIDE CODE	SEE BELOW	

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME:	PATIENT COPAYMENT (1-14	45) (CONTINUED)	
OVEI	RRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP TO SPONSOR, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COINSURANCE

	EDITED	ELEME	nt <b>R</b> elationship
NO ERROR	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	Т	MEDICARE/TRICARE DUAL ENTITLEMENT (SECOND PAYOR) AND BEGIN DATE OF CARE ≥ 10/01/2001 OR
		FS	TRICARE FOR LIFE (SECOND PAYOR) OR
		MS	TRICARE SENIOR PRIME (NETWORK) OR
		MN	TRICARE SENIOR PRIME (NON-NETWORK)
	THEN BYPASS ALL COPAYMI	ENT EI	DITING.
1-145-02R	PATIENT COPAYMENT MUST BE	ZERO	WHEN:
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
1-145-03R	PATIENT COPAYMENT MUST BE	ZERO	WHEN:
	TYPE OF SUBMISSION =	С	COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE
_	UNLESS THE CANCELLED H CASE PATIENT COPAYMENT		EPORTS AMOUNT ALLOWED > ZERO, IN WHICH BE ≥ ZERO
1-145-05R	PATIENT COPAYMENT MUST BE	≤ AM0	OUNT ALLOWED <b>WHEN</b> :
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
		T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	_	Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME: PATIENT COPAYMENT (1-1	45)	(CONTINUED)
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	О	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN T DATABASE;	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
SPECIAL RATE CODE =	D	DISCOUNT RATE AGREEMENT
	P	PER DIEM RATE AGREEMENT
NO OCCURRENCE OF SPECIAL PROCESSING	D	MEDICADE /TDICADE DUAL ENTEITI EMENT
CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATEI COST-SHARE CALCULATION
1-145-06R PATIENT COPAYMENT MUST BE ZERO) WHEN:	≤ AN	IOUNT ALLOWED (AND COINSURANCE MUST BE
PROGRAM INDICATOR =	Н	PROGRAM FOR PERSONS WITH DISABILITIES
ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD PROGRAM
	Q	NEW ORLEANS STANDARD PROGRAM
	F	FI STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	О	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
1		

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	AME: PATIENT COPAYMENT (1-1	45)	(CONTINUED)
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN T DATABASE;	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
	NO OCCURRENCE OF SPECIAL PROCESSING		
	CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
		#	HOSPICE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
1-145-09R		R FOR	D THEIR FAMILY MEMBERS, AND FAMILY MEMBERS MER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS CAM DEMONSTRATIONS
	PATIENT COPAYMENT MUST EQU	JAL 2	ZERO UNLESS
1-145-07R	LESS THAN [25% OF AMOUNT BI	LLED	YS TIMES THE DRG/APPLICABLE DAILY RATE IS MINUS (TOTAL CHARGES BY REVENUE CODE FOR CODES <sup>1</sup> AND DUPLICATE BLLING (1) DENIAL
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	MANAGED CARE SUPPORT - TRICARE-TIDEWATE STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED >

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME:	PATIENT COPAYMENT (1-145)	(CONTINUED)
W	ITH FILING DATE WITHIN THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
D	ATABASE;	
PA	ATIENT DATE OF BIRTH ≠ BEGIN	DATE OF CARE (NOT NEWBORN)
SF	PECIAL RATE CODE = G	DRG LONG STAY
	Н	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
SF	PONSOR STATUS = F	FORMER MEMBER
	Ι	PERMANENTLY DISABLED
	0	TEMPORARILY DISABLED
	R	RETIRED
	Н	MEDAL OF HONOR
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
	ATIENT RELATIONSHIP TO	TOPI TEP OPOLYCE
SI	PONSOR = T H	FORMER SPOUSE
	R	
	Y	
	O OCCURRENCE OF VERRIDE CODE = K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	O OCCURRENCE OF PECIAL PROCESSING	
	DDE = F G	ARMY CAM DEMONSTRATIONS
	N	CHAMPUS SELECT
	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

1-140-09R

• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG, PATIENT IS NEWBORN.

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ELEMENT N	IAME:	PATIENT COPAYMENT (1-1	45) (	(CONTINUED)				
	PATI	ENT COPAYMENT MUST EQ	UAL Z	ZERO UNLESS				
1-145-08R	RATE COD	GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:						
	P	ROGRAM INDICATOR =	I	INSTITUTIONAL				
	E	NROLLMENT STATUS =	S	CRI STANDARD PROGRAM				
			J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM				
	<u>-</u>		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM				
			Т	MANAGED CARE SUPPORT - STANDARD PROGRAM				
			Q	NEW ORLEANS STANDARD PROGRAM				
			F	FI STANDARD PROGRAM				
			D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM				
			Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD				
	T	YPE OF SUBMISSION =	I	INITIAL SUBMISSION				
			R	RESUBMISSION OF ERROR REJECT				
			О	ZERO PAYMENT WITH 100% OHI/TPL				
			F	ADJUSTMENT NEW SUFFIX				
			G	ADDITIONAL DRG INTERIM BILLING				
	0	R TYPE OF SUBMISSION =	A	ADJUSTMENT				
			С	CANCELLATION WITH AMOUNT ALLOWED > ZERO				
		VITH FILING DATE WITHIN T ATABASE;	THE N	IUMBER OF MONTHS OF HCSRs STORED ON THE				
	PATI	ENT DATE OF BIRTH = BEGI	N DAT	TE OF CARE (NEWBORN);				
	Sl	PECIAL RATE CODE =	G	DRG LONG STAY				
			Н	DRG SHORT STAY				
			I	DRG COST OUTLIER				
			J	DRG NO OUTLIER				
			M	DISCOUNTED DRG LONG STAY				
			N	DISCOUNTED DRG SHORT STAY				
			О	DISCOUNTED DRG COST OUTLIER				
			Q	DISCOUNTED DRG NO OUTLIER				

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	IAME: PATIENT COPAYMENT (1	I-145) (	(CONTINUED)		
		I	PERMANENTLY DISABLED		
		О	TEMPORARILY DISABLED		
		R	RETIRED		
		K	DECEASED		
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS		
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION		
		U	BENEFICIARY INDEMNIFICATION PAYMENT		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS		
		N	CHAMPUS SELECT		
		R	MEDICARE/TRICARE DUAL ENTITLEMENT		
		*	VA MEDICAL CENTER CLAIM		
		#	HOSPICE		
			T MUST EQUAL AUTHORIZED BED DAYS MINUS 3, HORIZED BED DAYS MINUS 3) $\leq$ 0, PATIENT		
1-140-09R	COPAYMENT MUST BE ZERO I	IF PATIEN ESULTS II	ONS RESULT IN EQUAL VALUES, PATIENT NT COINSURANCE IS NOT ZERO. (USE 1-145-07R <b>OR</b> N EQUAL VALUES, BUT VALUE SUBMITTED DOES		
	PATIENT COPAYMENT MU	ST BE ZE	TRO IF PATIENT COINSURANCE IS NOT ZERO.		
	USE 1-145-07R <b>OR</b> 1-145-08R SUBMITTED DOES NOT MA		CULATION RESULTS IN EQUAL VALUES, BUT VALUE ALCULATION.		
	SPONSORS AND THEIR FAMIL	Y MEMB USE), STA	ON INSTITUTIONAL HCSRs, FOR RETIRED SERS, AND FAMILY MEMBERS OF DECEASED ATE-DRG AND NON-DRG RECORDS. SEE PATIENT		
1-145-10R		INCLUD!	CTIVE DUTY SPONSORS <b>OR</b> TAMP DESIGNEE, NOT ES TRICARE/CHAMPUS-DRG RECORDS. (CHAMPUS		
	PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, <b>OR</b> \$25.00				
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT		
	CODE =	1N *	VA MEDICAL CENTER CLAIM		
		-,			

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STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW, STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT	ELEMENT N	IAME: PATIENT COPAYMENT (1-	145) (	(CONTINUED)				
PROGRAM INDICATOR = 1 INSTITUTIONAL  ENROLLMENT STATUS = 5 CRI STANDARD PROGRAM  J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM  M MANAGED CARE SUPPORT - CALIFORNIA/HA STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW. STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD PROGRAM  TYPE OF SUBMISSION = 1 INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHL/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			МН	MENTAL HEALTH ACTIVE DUTY COST-SHARE				
ENROLLMENT STATUS = S CRI STANDARD PROGRAM  J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM  M MANAGED CARE SUPPORT - CALIFORNIA/HA STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW. STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% O'HI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT	1-145-13R	PATIENT COINSURANCE MUST BE ZERO WHEN:						
J MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM  M MANAGED CARE SUPPORT - CALIFORNIA/HA STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW. STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD PROGRAM  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T POREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT		PROGRAM INDICATOR =	I	INSTITUTIONAL				
STANDARD PROGRAM  M MANAGED CARE SUPPORT - CALIFORNIA/HA STANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW. STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRA STANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT		ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM				
TANDARD PROGRAM  T MANAGED CARE SUPPORT - STANDARD PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW, STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGR/STANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			J					
PROGRAM  Q NEW ORLEANS STANDARD PROGRAM  F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW. STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRA STANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM				
F FI STANDARD PROGRAM  D MANAGED CARE SUPPORT - TRICARE-TIDEW, STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			Т					
D MANAGED CARE SUPPORT - TRICARE-TIDEW. STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRA STANDARD  TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			Q	NEW ORLEANS STANDARD PROGRAM				
STANDARD PROGRAM  Y CONTINUED HEALTH CARE BENEFIT PROGRASTANDARD  TYPE OF SUBMISSION = 1 INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			F	FI STANDARD PROGRAM				
TYPE OF SUBMISSION = I INITIAL SUBMISSION  R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM				
R RESUBMISSION OF ERROR REJECT  O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX  G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD				
O ZERO PAYMENT WITH 100% OHI/TPL  F ADJUSTMENT NEW SUFFIX G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE; SPONSOR STATUS = A ACTIVE DUTY P TAMP DESIGNEE B RECALLED ACTIVE DUTY E MEPCOM ENLISTEE J ACADEMY/OCS N NATIONAL GUARD Q PRISON/APPELLATE V RESERVE T FOREIGN MILITARY SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT		TYPE OF SUBMISSION =	I	INITIAL SUBMISSION				
F ADJUSTMENT NEW SUFFIX G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			R	RESUBMISSION OF ERROR REJECT				
G ADDITIONAL DRG INTERIM BILLING  OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			О	ZERO PAYMENT WITH 100% OHI/TPL				
OR TYPE OF SUBMISSION = A ADJUSTMENT  C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			F	ADJUSTMENT NEW SUFFIX				
C CANCELLATION WITH AMOUNT ALLOWED > ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			G	ADDITIONAL DRG INTERIM BILLING				
ZERO  WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON TH DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT		<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT				
DATABASE;  SPONSOR STATUS = A ACTIVE DUTY  P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			С	CANCELLATION WITH AMOUNT ALLOWED > ZERO				
P TAMP DESIGNEE  B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			THE N	IUMBER OF MONTHS OF HCSRs STORED ON THE				
B RECALLED ACTIVE DUTY  E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT		SPONSOR STATUS =	A	ACTIVE DUTY				
E MEPCOM ENLISTEE  J ACADEMY/OCS  N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			P	TAMP DESIGNEE				
J ACADEMY/OCS   N NATIONAL GUARD   Q PRISON/APPELLATE   V RESERVE   T FOREIGN MILITARY   SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			В	RECALLED ACTIVE DUTY				
N NATIONAL GUARD  Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			Е	MEPCOM ENLISTEE				
Q PRISON/APPELLATE  V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			J	ACADEMY/OCS				
V RESERVE  T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			N	NATIONAL GUARD				
T FOREIGN MILITARY  SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			Q	PRISON/APPELLATE				
SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT			V	RESERVE				
			T	FOREIGN MILITARY				
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		SPECIAL RATE CODE ≠	D	DISCOUNT RATE AGREEMENT				
		PATIENT DATE OF BIRTH ≠ BI	EGIN I	DATE OF CARE (NOT NEWBORN)				

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	IAME: PATIENT COPAYMENT (1-	145) (	CONTINUED)			
	WHEN SPECIAL RATE CODE CHAMPUS DRG)	E = 'G', 'I	H', 'I', 'J', 'M', 'N', 'O', 'P', BLANK, <b>OR</b> 'Q' (TRICARE/			
	PATIENT RELATIONSHIP TO SPONSOR ≠	T H R Y	FORMER SPOUSE			
	BILL CLASSIFICATION CODE =	1	INPATIENT			
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT			
			MENTAL HEALTH ACTIVE DUTY COST-SHARE			
		#	HOSPICE			
	NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION			
		K	CATASTROPHIC LOSS			
		U	BENEFICIARY INDEMNIFICATION PAYMENT			
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE			
1-145-11R	• EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS <b>OR</b> TAMP DESIGNEE, CHAMPUS-DRG, PATIENT IS NEWBORN.					
	PATIENT COPAYMENT MUST EQUAL \$0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3) $\leq$ 0.					
	OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, <b>OR</b> \$25.00					
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT			
1-145-13R	AND PATIENT COINSURANCE MUST BE ZERO WHEN:					
	PROGRAM INDICATOR =	I	INSTITUTIONAL			
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM			
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM			
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM			
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM			
		Q	NEW ORLEANS STANDARD PROGRAM			
		F	FI STANDARD PROGRAM			

REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAME: PATIENT COPAYMENT (1-14	45) (	(CONTINUED)
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	О	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN T DATABASE;	HE N	IUMBER OF MONTHS OF HCSRs STORED ON THE
SPONSOR STATUS =	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	В	RECALLED ACTIVE DUTY
	Е	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT DATE OF BIRTH = BEG	GIN I	DATE OF CARE (NEWBORN);
SPECIAL RATE CODE = 'G', 'H'	, 'I', 'J	', 'M', 'N', 'O', <b>OR</b> 'Q' (TRICARE/CHAMPUS DRG);
BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING	D	MEDICADE /TDICADE DUAL ENTITE EMENIT
CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	N	CHAMPUS SELECT
	#	HOSPICE
NO OCCUPATIVOS OF	MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE
NO OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION
	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT NAI	ME:	PATIENT COPAYMENT (1-1	45) (	(CONTINUED)
1-145-12R		DITS FOR FAMILY MEMBERS JCCESSIVE ADMISSIONS.	OF A	CTIVE DUTY SPONSORS <b>OR</b> TAMP DESIGNEE,
		ENT COPAYMENT MUST BE : VE DUTY DAILY RATE AND	≤GOV	YERNMENT AUTHORIZED BED DAYS TIMES THE
I	PATII	ENT COINSURANCE MUST E	E ZEI	RO WHEN:
	Pl	ROGRAM INDICATOR =	I	INSTITUTIONAL
	El	NROLLMENT STATUS =	S	CRI STANDARD PROGRAM
			J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
			M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
			T	MANAGED CARE SUPPORT - STANDARD PROGRAM
			Q	NEW ORLEANS STANDARD PROGRAM
			F	TRICARE STANDARD PROGRAM
			D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
			Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	SI	PONSOR STATUS =	A	ACTIVE DUTY
			P	TAMP DESIGNEE
			В	RECALLED ACTIVE DUTY
			E	MEPCOM ENLISTEE
			J	ACADEMY/OCS
			N	NATIONAL GUARD
			Q	PRISONER/APPELLATE
			V	RESERVE
			T	FOREIGN MILITARY
		ATIENT RELATIONSHIP TO PONSOR≠	T H R Y	FORMER SPOUSE
-	T	YPE OF SUBMISSION =	I	INITIAL SUBMISSION
-			R	RESUBMISSION OF ERROR REJECT
-			О	ZERO PAYMENT WITH 100% OHI/TPL
-			F	ADJUSTMENT NEW SUFFIX
			G	ADDITIONAL DRG INTERIM BILLING
	0	R TYPE OF SUBMISSION =	A	ADJUSTMENT

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	IAME: PATIENT COPAYMENT (1-	145) (	CONTINUED)				
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO				
	WITH FILING DATE WITHIN DATABASE:	THE N	UMBER OF MONTHS OF HCSRs STORED ON THE				
	BILL CLASSIFICATION CODE =	1	INPATIENT				
	NO OCCURRENCE OF SPECIAL PROCESSING						
	CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT				
		#	HOSPICE				
		MH	MENTAL HEALTH ACTIVE DUTY COST-SHARE				
	ONE OCCURRENCE OF OVERRIDE CODE =	J	SUCCESSIVE ADMISSION				
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS				
		U	BENEFICIARY INDEMNIFICATION PAYMENT				
		V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN TRICARE EUROPE				
1-140-14R	PATIENT COST-SHARE MUST BE THE LESSER OF:						
	a.) 25% (ALLOW $1^{e}$ ROUNDING ERROR) OF AMOUNT ALLOWED, <b>OR</b> THE LESSER OF:						
			S TOTAL CHARGES BY REVENUE CODE FOR (DRG DDES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL				
	c.) 15% OF AMOUNT ALLOWED <b>WHEN</b>						
	ANY OCCURRENCE OF						
	SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT				
	OR						
	d.) 15% OF AMOUNT BILLED		S TOTAL CHARGES BY REVENUE CODE FOR (DRG DDES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL				
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT				
1-145-14R	OR e.) AUTHORIZED BED DAYS	TIMES	ГНЕ DRG/APPLICABLE DAILY RATE <b>WHEN</b> :				
	ANY OCCURRENCE OF OVERRIDE CODE =	L	NON-DRG REIMBURSEMENT USING DRG-RELATE COST-SHARE CALCULATION				
	PROGRAM INDICATOR =	I	INSTITUTIONAL				
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM				
		J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM				

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	IAME: PATIENT COPAYMENT (1-1	45)	(CONTINUED)
		M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		D	TRICARE BASIC STANDARD PROGRAM
		Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN T DATABASE;	THE N	NUMBER OF MONTHS OF HCSRs STORED ON THE
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		О	TEMPORARILY DISABLED
		R	RETIRED
		Н	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	<b>OR</b> PATIENT RELATIONSHIP TO SPONSOR =	T H R Y	FORMER SPOUSE
1-140-16R	COST-SHARE MUST BE IN COINS ABOVE, IN WHICH CASE COPAY		NCE BUCKET IF CALCULATION RESULTS IN a.) OR b.) I MUST BE ZERO.
1-145-16R	COST-SHARE MUST BE IN COPAY IN WHICH CASE COINSURANCE		T BUCKET IF CALCULATION RESULTS IN c.) ABOVE, T BE ZERO
1-145-15R	DAYS MINUS THREE) TIMES THE	DRG SPON	DATE OF CARE (NEWBORN), USE (AUTHORIZED BED DAILY RATE TO CALCULATE. DON'T DO IF BASED ISOR = FORMER SPOUSE. IF (AUTHORIZED BED DAYS LATE USING 0 DAYS

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	AME:	PATIENT COPAYMENT (1-)	145) (	CONTINUED)
1-145-18R	O:			O THEIR FAMILY MEMBERS, AND FAMILY MEMBERS MER SPOUSE), REGION-SPECIFIC PSYCHIATRIC PER
	PATIE	ENT COPAYMENT MUST EQ	UAL Z	ZERO UNLESS
1-145-17R	RATE	IS LESS THAN [25% OF AM	OUNT	YS TIME THE PSYCH PER DIEM COST-SHARE DAILY BILLED MINUS (TOTAL CHARGES BY REVENUE NIAL REASON CODE)] WHEN:
	PI	ROGRAM INDICATOR =	I	INSTITUTIONAL
	El	NROLLMENT STATUS =	S	CRI STANDARD PROGRAM
			D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM
			J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD PROGRAM
			M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD PROGRAM
			Т	MANAGED CARE SUPPORT - STANDARD PROGRAM
			Q	NEW ORLEANS STANDARD PROGRAM
			F	FI STANDARD PROGRAM
			Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	T	YPE OF SUBMISSION =	I	INITIAL SUBMISSION
			R	RESUBMISSION OF ERROR REJECT
			O	ZERO PAYMENT WITH 100% OHI/TPL
			F	ADJUSTMENT NEW SUFFIX
	0	R TYPE OF SUBMISSION =	A	ADJUSTMENT
			С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
		ITH FILING DATE WITHIN ATABASE;	THE N	UMBER OF MONTHS OF HCSRs STORED ON THE
	SI	PECIAL RATE CODE =	L	REGION-SPECIFIC PSYCH PER DIEM
	SI	PONSOR STATUS =	F	FORMER MEMBER
			I	PERMANENTLY DISABLED
			О	TEMPORARILY DISABLED
			R	RETIRED
-			Н	MEDAL OF HONOR
-			K	DECEASED
-			D	100% DISABLED
			W	TITLE III RETIREE

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	AME:	PATIENT COPAYMENT (1-	145) (	CONTINUED)
		ATIENT RELATIONSHIP TO PONSOR =	T H R Y	FORMER SPOUSE
	Sl	O OCCURRENCE OF PECIAL PROCESSING ODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
		O OCCURRENCE OF VERRIDE CODE =	K	CATASTROPHIC LOSS
			L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
			N	RETROSPECTIVE PAYMENT - INPATIENT MENTAL HEALTH
			Т	MHPD RECALCULATION OF RATES, NO COST-SHARE APPLIED
			U	BENEFICIARY INDEMNIFICATION PAYMENT
		N WHICH CASE PATIENT CO HE PSYCH PER DIEM COST		ENT MUST EQUAL AUTHORIZED BED DAYS TIMES E DAILY RATE.
1-140-18R		N THE ABOVE CALCULAT TEQUAL ZERO IF PATIENT		ESULT IN EQUAL VALUES, PATIENT COPAYMENT SURANCE IS NOT ZERO.
	DUT Rate	Y DAILY RATE, THE DRG DA E (WHICHEVER APPLIES TO	AILY RA THAT	ES OF CARE CROSSOVER A CHANGE IN THE ACTIVE ATE, <b>OR</b> THE PSYCH PER DIEM COST-SHARE DAILY HCSR), THE RATES MUST BE APPLIED TIME, FOR COST-SHARE CALCULATIONS.
1-145-23R	О	F DECEASED SPONSORS (C	R FOR	O THEIR FAMILY MEMBERS, AND FAMILY MEMBERS MER SPOUSE), TRICARE/CHAMPUS-DRG RECORDS, RMY CAM DEMONSTRATIONS.
	PATI	ENT COPAYMENT MUST EQ	QUAL Z	ERO UNLESS
1-145-24R	APPI CHA	LICABLE DAILY RATE IS LES	SS THA FOR DR	YS TIMES THE DRG DAILY RATE OR OTHER N [20% OF AMOUNT BILLED MINUS (TOTAL G NON-REIMBURSABLE REVENUE CODES <sup>1</sup> AND ON CODE)] <b>WHEN</b> :
	P	ROGRAM INDICATOR =	I	INSTITUTIONAL
	E	NROLLMENT STATUS =	S	CRI STANDARD PROGRAM
			Q	NEW ORLEANS STANDARD PROGRAM
			F	FI STANDARD PROGRAM
			Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	T	YPE OF SUBMISSION =	I	INITIAL SUBMISSION
			R	RESUBMISSION OF ERROR REJECT

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

EMENT NAME:	PATIENT COPAYMENT (1-1	45) (	(CONTINUED)
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
0	R TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	TITH FILING DATE WITHIN T ATABASE;	THE N	IUMBER OF MONTHS OF HCSRs STORED ON THE
PA	ATIENT DATE OF BIRTH ≠ BE	GIN I	DATE OF CARE (NOT NEWBORN);
SI	PECIAL RATE CODE =	G	DRG LONG STAY
		Н	DRG SHORT STAY
		Ι	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY
		N	DISCOUNTED DRG SHORT STAY
		О	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED NO OUTLIER
SI	NY OCCURRENCE OF PECIAL PROCESSING ODE =	F G	ARMY CAM DEMONSTRATIONS
SI	PONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED
		О	TEMPORARILY DISABLED
		R	RETIRED
		Н	MEDAL OF HONOR
		K	DECEASED
		D	100% DISABLED
		W	TITLE III RETIREE
	ATIENT RELATIONSHIP TO PONSOR =	T H R Y	FORMER SPOUSE
SI	O OCCURRENCE OF PECIAL PROCESSING ODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT
	O OCCURRENCE OF VERRIDE CODE =	K	CATASTROPHIC LOSS

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	NAME: PATIENT COPAYMENT (1-1	45)	(CONTINUED)
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
1-145-25R		ICAR	ID THEIR FAMILY MEMBERS, AND FAMILY MEMBERS E/CHAMPUS-DRG, PATIENT IS NEWBORN, FOR
	PATIENT COPAYMENT MUST EQ	UAL 2	ZERO UNLESS 1-145-26R APPLIES
1-145-26R	THAN [20% OF AMOUNT BILLED	MIN	YS MINUS 3, TIMES THE DRG DAILY RATE IS LESS US (TOTAL CHARGES BY REVENUE CODE FOR DRG ES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON
	PROGRAM INDICATOR =	I	INSTITUTIONAL
	ENROLLMENT STATUS =	S	CRI STANDARD PROGRAM
		Q	NEW ORLEANS STANDARD PROGRAM
		F	FI STANDARD PROGRAM
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		О	ZERO PAYMENT WITH 100% OHI/TPL
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
		С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN TO DATABASE;	ГНЕ N	JUMBER OF MONTHS OF HCSRs STORED ON THE
	PATIENT DATE OF BIRTH = BE	EGIN 1	DATE OF CARE (NEWBORN);
	SPECIAL RATE CODE =	G	DRG LONG STAY
		Н	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
_		M	DISCOUNTED DRG LONG STAY
		N	DISCOUNTED DRG SHORT STAY
		О	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
	SPONSOR STATUS =	F	FORMER MEMBER
		I	PERMANENTLY DISABLED

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

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ELEMENT IN	JAME: PATIENT COPAYMENT (1-14	15) (	(CONTINUED)		
		О	TEMPORARILY DISABLED		
		R	RETIRED		
		Н	MEDAL OF HONOR		
		K	DECEASED		
		D	100% DISABLED		
		W	TITLE III RETIREE		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	F G	ARMY CAM DEMONSTRATIONS		
	NO OCCURRENCE OF SPECIAL PROCESSING CODE =	R	MEDICARE/TRICARE DUAL ENTITLEMENT		
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS		
		L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION		
		U	BENEFICIARY INDEMNIFICATION PAYMENT		
			IT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, HORIZED BED DAYS MINUS 3) ≤ 0, PATIENT		
1-140-25R	WHEN THE ABOVE CALCULATION MUST BE ZERO IF PATIENT COINS		RESULT IN EQUAL VALUES, PATIENT COPAYMENT ANCE IS NOT ZERO.		
1-145-27R	PATIENT COPAYMENT MUST EQUAL ZERO WHEN:				
	ANY OCCURRENCE OF OVERRIDE CODE =	U	BENEFICIARY INDEMNIFICATION PAYMENT		
1-145-28R	EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, TRICARE/CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), CHAMPUS SELECT.				
	PATIENT COPAYMENT MUST EQUAL ZERO				
	[15% OF AMOUNT BILLED MIN	US ( DES <sup>1</sup>	ZED BED DAYS TIMES THE DAILY RATE IS LESS THAN TOTAL CHARGES BY REVENUE CODE FOR DRG NON- , DUPLICATE BILLING (1) DRG NON-REIMBURSABLE N:		
	SPONSOR STATUS =	F	FORMER MEMBER		
		I	PERMANENTLY DISABLED		
		О	TEMPORARILY DISABLED		
		R	RETIRED		
		Н	MEDAL OF HONOR		
		K	DECEASED		
		D	100% DISABLED		

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

	W	TITLE III RETIREE
PROGRAM INDICATOR =	I	INSTITUTIONAL
ENROLLMENT STATUS =	F	FI STANDARD PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING		
CODE =	N	CHAMPUS SELECT
TYPE OF SUBMISSION =	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT WITH 100% OHI/TPL
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING (G)
<b>OR</b> TYPE OF SUBMISSION =	A	ADJUSTMENT
	С	CANCELLATION WITH AMOUNT ALLOWED > ZERO
DATABASE;		NUMBER OF MONTHS OF HCSRs STORED ON THE
	CINII	DATE OF CARE (NOT NEWBORN):
		DATE OF CARE (NOT NEWBORN);
SPECIAL RATE CODE =	G	DRG LONG STAY
	G H	DRG LONG STAY DRG SHORT STAY
	G H I	DRG LONG STAY DRG SHORT STAY DRG COST OUTLIER
	G H I	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER
	G H I J	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY
	G H I J M	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY
	G H I J M N	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER
SPECIAL RATE CODE =	G H I J M	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY
	G H I J M N	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER  DISCOUNTED DRG NO OUTLIER
SPECIAL RATE CODE =  NO OCCURRENCE OF	G H I J M N O	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER  DISCOUNTED DRG NO OUTLIER  CATASTROPHIC LOSS  NON-DRG REIMBURSEMENT USING DRG RELATER
SPECIAL RATE CODE =  NO OCCURRENCE OF	G H I J M N O Q K L	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER  DISCOUNTED DRG NO OUTLIER  CATASTROPHIC LOSS  NON-DRG REIMBURSEMENT USING DRG RELATER COST-SHARE CALCULATION
NO OCCURRENCE OF OVERRIDE CODE =	G H I J M N O Q K	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER  DISCOUNTED DRG NO OUTLIER  CATASTROPHIC LOSS  NON-DRG REIMBURSEMENT USING DRG RELATER
SPECIAL RATE CODE =  NO OCCURRENCE OF	G H I J M N O Q K L	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER  DISCOUNTED DRG NO OUTLIER  CATASTROPHIC LOSS  NON-DRG REIMBURSEMENT USING DRG RELATER COST-SHARE CALCULATION
NO OCCURRENCE OF OVERRIDE CODE =  NO OCCURRENCE OF SPECIAL PROCESSING	G H I J M N O Q K L U	DRG LONG STAY  DRG SHORT STAY  DRG COST OUTLIER  DRG NO OUTLIER  DISCOUNTED DRG LONG STAY  DISCOUNTED DRG SHORT STAY  DISCOUNTED DRG COST OUTLIER  DISCOUNTED DRG NO OUTLIER  CATASTROPHIC LOSS  NON-DRG REIMBURSEMENT USING DRG RELATEI COST-SHARE CALCULATION  BENEFICIARY INDEMNIFICATION PAYMENT  ARMY CAM DEMONSTRATIONS

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

ELEMENT N	IAME: PATIENT COPAYMENT (	1-145) (	CONTINUED)
	SPECIAL PROCESSING CODE =	N	CHAMPUS SELECT
	SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY
1-145-30R	OTHERWISE, COPAYMENT MUTHE PSYCHIATRIC RATE FOR FOR CARE PRIOR TO 10/01/19 WHICHEVER IS GREATER. EFF COST-SHARING FOR MENTAL INPATIENT ADMISSION. FOR	JST EQUA ACTIVE 1 195, THE C TECTIVE I LHEALTH CARE WI	0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. AL GOVERNMENT AUTHORIZED BED DAYS TIMES DUTY WHEN SPECIAL PROCESSING CODE = 'MH'. COST-SHARE IS THE DAILY RATE OR \$25.00, FOR CARE ON OR AFTER 10/01/1995, THE INPATIENT I SERVICES IS \$20.00 PER DAY FOR EACH DAY OF HICH SPANS FISCAL YEARS, THE COST-SHARE WILL FOR EACH FISCAL YEAR. THIS EDIT ONLY APPLIES
	WHEN SPECIAL PROCESSI CODE =		MENTAL HEALTH ACTIVE DUTY COST-SHARE
	NO OCCURRENCE OF OVERRIDE CODE =	K	CATASTROPHIC LOSS
	SPONSOR STATUS =	A	ACTIVE DUTY OR
		В	RECALLED TO ACTIVE DUTY <b>OR</b>
		J	ACADEMY STUDENT/NAVY OCS OR
		N	NATIONAL GUARD <b>OR</b>
		P	TAMP DESIGNEE OR
		Q	PRISONER/APPELLATE <b>OR</b>
		V	RESERVE
1-145-31R	PATIENT COPAYMENT MUST	BE ZERO	WHEN:
	SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY <b>OR</b>
		AN	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- MTF-REFERRED CARE <b>OR</b>
		AR	SUPPLEMENTAL HEALTH CARE PROGRAM - REFERRED CARE <b>OR</b>
		CE	SUPPLEMENTAL HEALTH CARE PROGRAM - COMPREHENSIVE CLINICAL EVALUATION PROGRAM <b>OR</b>
		GU	ACTIVE DUTY SERVICE MEMBER ENROLLED IN TRICARE PRIME REMOTE: NOT-AT-RISK PAYMENT BY CONTRACTOR <b>OR</b>
		SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON- TRICARE ELIGIBLE <b>OR</b>
		SE	SUPPLEMENTAL HEALTH CARE PROGRAM - TRICARE ELIGIBLE <b>OR</b>
		SM	SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

#### ELEMENT NAME: PATIENT COPAYMENT (1-145) (CONTINUED) • AS OF 04/01/2001 - NO COST-SHARES ARE REQUIREMENT FOR PRIME ACTIVE DUTY FAMILY MEMBERS. (THIS EDIT IS CHECKED FIRST PRIOR TO CHECKING ANY PATIENT COPAYMENT EDITS. IF THE BENEFICIARY IS A PRIME ADFM, THEN THE ONLY PATIENT COPAYMENT EDITING REQUIRED IS TO MAKE SURE THAT THE PATIENT COPAYMENT IS ZERO). IF BEGIN DATE OF CARE ≥ 04/01/2001 **AND ENROLLMENT** MANAGED CARE SUPPORT - PRIME, CIVILIAN PCM STATUS = W TPR ACTIVE DUTY CLAIMS, USA OR ACTIVE DUTY CLAIMS, EUROPE OR Z MANAGED CARE SUPPORT - PRIME, MTF/PCM OR WF TPR FOR ENROLLED ADFM RESIDING WITH A TPR **ELIGIBLE ADSM** A ACTIVE DUTY **AND SPONSOR STATUS =** RECALLED TO ACTIVE DUTY OR N NATIONAL GUARD OR RESERVE **AND PATIENT** RELATIONSHIP TO SPONSOR = SPONSOR OR b C CHILD OR S SPOUSE OR V STEPCHILD OR W WARD AND NO OCCURRENCE OF SPECIAL PROCESSING PO POINT OF SERVICE CODE = **THEN** PATIENT COPAYMENT MUST = ZERO IF ANY OCCURRENCE OF 1-145-38R SPECIAL PROCESSING CODE = GF TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR **ELIGIBLE ADSM AND** SPECIAL RATE CODE ≠ TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER OR TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER OR DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER OR

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

		N	DISCONTINUED TRICARE/CHAMPUS DRG
			REIMBURSEMENT WITH SHORT STAY OUTLIER (
		O	DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER <b>OR</b>
		Q	DISCONTINUED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH NO OUTLIER
	THEN BEGIN DATE OF CA	ARE IS ≥ 10	0/30/2000 <b>AND</b> < 09/01/2002
	AND SPONSOR STATU MUST =		ACTIVE DUTY <b>OR</b>
		В	RECALLED TO ACTIVE DUTY <b>OR</b>
		N	NATIONAL GUARD <b>OR</b>
		V	RESERVE
	AND PATIENT RELATIONSHIP TO SPONSOR MUST =	C	CHILD <b>OR</b>
	51 010001 1001 -	S	SPOUSE OR
		V	STEP CHILD OR
			WARD
	AND NO OCCURRENG OF SPECIAL PROCESSI CODE CAN =	ING	POINT OF SERVICE
	AND NO PROGRAM INDICATOR CAN =	Н	PROGRAM FOR PERSONS WITH DISABILITIES
	AND PATIENT COPAY	MENT MI	JST = ZERO
1-145-39R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE	= GF	TPR FOR ELIGIBLE ADFM RESIDING WITH A TPR ELIGIBLE ADSM
	AND SPECIAL RATE COD	E = G	TRICARE/CHAMPUS DRG REIMBURSEMENT WI'LONG STAY OUTLIER OR
		Н	TRICARE/CHAMPUS DRG REIMBURSEMENT WITSHORT STAY OUTLIER <b>OR</b>
		I	TRICARE/CHAMPUS DRG REIMBURSEMENT WITCOST OUTLIER OR
		J	TRICARE/CHAMPUS DRG REIMBURSEMENT WITNO OUTLIER OR
		M	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER C
		N	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH SHORT STAY OUTLIER
		O	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH COST OUTLIER OR

LEMENT NAME: PATIENT COPAYMENT (1-14	45) (	CONTINUED)
	Q	DISCOUNTED TRICARE/CHAMPUS DRG REIMBURSEMENT WITH LONG STAY OUTLIER
THEN END DATE OF CARE IS	≥ 10/3	30/2000 <b>AND</b> < 09/01/2002
AND SPONSOR STATUS		
MUST =	A	ACTIVE DUTY <b>OR</b>
	В	RECALLED TO ACTIVE DUTY <b>OR</b>
	N	NATIONAL GUARD <b>OR</b>
	V	RESERVE'
AND PATIENT RELATIONSHIP TO		
SPONSOR MUST =	C	CHILD OR
	S	SPOUSE OR
	V	STEP CHILD OR
	W	WARD
AND NO OCCURRENCE OR SPECIAL PROCESSING		
CODE CAN =	PO	POINT OF SERVICE
AND NO PROGRAM		
INDICATOR CAN =	Н	PROGRAM FOR PERSONS WITH DISABILITIES
AND PATIENT COPAYMEN	JT M	UST = ZERO

<sup>&</sup>lt;sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X, AND 81X).

#### ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155)

#### **VALIDITY EDITS**

**1-155-01** MUST BE NUMERIC.

RELATIONAL EDITS					
RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)			
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE			
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, ENROLLMENT STATUS, PROGRAM INDICATOR, FILING DATE, AMOUNT PAID BY OHI, AMOUNT OF TPL			
DRG NUMBER	SEE BELOW	TYPE OF SUBMISSION, FILING DATE			
TYPE OF SUBMISSION	SEE BELOW	FILING DATE			
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE			
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION			
ENROLLMENT STATUS	SEE BELOW	AMOUNT PAID BY OHI, AMOUNT OF TPL, PROGRAM INDICATOR, TYPE OF SUBMISSION			
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES			
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW				

## NO ERROR IF SPECIAL PROCESSING CODE = MS TRICARE SENIOR PRIME (NETWORK) MN TRICARE SENIOR PRIME (NON-NETWORK)

BYPASS ALL AMOUNT PAID BY GOVERNMENT CONTRACTOR EDITING

1-155-02R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO WHEN:

TYPE OF SUBMISSION = D COMPLETE CONTRACTOR DENIAL

O ZERO PAYMENT WITH 100% OHI/TPL

**OR** TYPE OF SUBMISSION = C COMPLETE CANCELLATION WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

**EDITED ELEMENT RELATIONSHIP** 

<sup>&</sup>lt;sup>1</sup> IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.

ELEMENT N	AMOUNT PAID BY G	OVERNMEN	T CONTRACTOR (1-155) (CONTINUED)				
1-155-04R	EDIT FOR [CHAMPUS-DRG, OR NO SPECIAL RATE, OR STATE-DRG NO DISCOUNT, OR PSYCHIATRIC PER DIEM, NO OHI/TPL]						
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE < ZERO WHEN:						
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR				
		В	ADJUSTMENT TO NON-HCSR DATA <b>OR</b>				
		С	COMPLETE CANCELLATION OR				
		Е	CANCELLATION OF NON-HCSR DATA				
	AND REASON FOR ADJUSTMENT =	D	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) <b>OR</b>				
		Е	ADJUSTMENT DUE TO CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS) <b>OR</b>				
		F	ADJUSTMENT DUE TO PRIOR CONTRACTOR ERROR (NEGATIVE ADJUSTMENTS)				
	AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE ZERO ≥ WHEN						
	TYPE OF SUBMISSION =	A	ADJUSTMENT				
		В	ADJUSTMENT TO NON-HCSR DATA				
	AND REASON FOR ADJUSTMENT =	A	ADJUSTMENT DUE TO NON-CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) <b>OR</b>				
		В	ADJUSTMENT DUE TO CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS) <b>OR</b>				
		С	ADJUSTMENTS DUE TO PRIOR CONTRACTOR ERROR (POSITIVE/STATISTICAL ADJUSTMENTS)				
1-155-05R	(STATE-DRG OR NO OHI/TPL.)						
	IF AMOUNT ALLOWED BY OTHER HEALTH INSURANCE > ZERO OR AMOUNT OF THIRD PARTY LIABILITY > ZERO THEN BYPASS EDIT						
	ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN:						
	TYPE OF SUBMISSION =	A	ADJUSTMENT OR				
		С	CANCELLATION OR				
		F	ADJUSTMENT TO NEW SUFFIX <b>OR</b>				
		G	ADDITIONAL DRG INTERIM BILLING <b>OR</b>				
		I	INITIAL SUBMISSION OR				
		О	ZERO PAYMENT WITH 100% OHI/TPL OR				
		R	RESUBMISSION OR ERROR REJECT				
	AND SPECIAL RATE CO	DDE = b/	NO SPECIAL RATE <b>OR</b>				

**CONTRACTOR MUST = \$0.00.** 

	IAME: AMOUNT PAID BY GOVER	NMEN	T CONTRACTOR (1-155) (CONTINUED)		
		F	DRG NO DISCOUNT <b>OR</b>		
		G	DRG LONG STAY <b>OR</b>		
		Н	DRG SHORT STAY <b>OR</b>		
		I	DRG COST OUTLIER OR		
		J	DRG NO OUTLIER <b>OR</b>		
		K	HOSPITAL-SPECIFIC PSYCH PER DIEM OR		
		L	REGION-SPECIFIC PSYCH PER DIEM <b>OR</b>		
		M	DISCOUNTED DRG LONG STAY <b>OR</b>		
		N	DISCOUNTED DRG SHORT STAY OR		
		О	DISCOUNTED DRG COST OUTLIER OR		
		Q	DISCOUNTED DRG NO OUTLIER		
1-155-06R	EDIT FOR CLAIMS WITH OHI AND TPL.				
	IF AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO THEN BYPASS EDIT				
	ELSE AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE EQUAL TO OR LESS THAN BOTH THE AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT OF PAYMENT REDUCTION)  AND (AMOUNT BILLED) WHEN				
	TYPE OF SUBMISSION =	Α	ADJUSTMENT OR		
			ADJUSTNENT OK		
		С	CANCELLATION OR		
			<u> </u>		
		С	CANCELLATION OR		
		C G	CANCELLATION <b>OR</b> ADDITIONAL DRG INTERIM BILLING <b>OR</b>		
		C G I	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR		
		C G I R	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR  RESUBMISSION OF ERROR REJECT OR		
-155-08R	EDIT FOR STATE-DRG WITH DISC THIS EDIT.)	C G I R O	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR  RESUBMISSION OF ERROR REJECT OR  ZERO PAYMENT WITH 100% OHI/TPL OR		
-155-08R		C G I R O F COUN	CANCELLATION <b>OR</b> ADDITIONAL DRG INTERIM BILLING <b>OR</b> INITIAL SUBMISSION <b>OR</b> RESUBMISSION OF ERROR REJECT <b>OR</b> ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b> ADJUSTMENT NEW SUFFIX  TS, NO OHI/TPL. (ALLOW 1 <sup>e</sup> ROUNDING ERROR IN		
-155-08R	THIS EDIT.)  AMOUNT PAID BY GOVERNMEN  NON-DISCOUNTABLE HOSPI REVENUE CODES SPECIFIED PSYCHOLOGICAL TREATMEN	C G I R O F COUNT TAL SI AS AN NT (900	CANCELLATION <b>OR</b> ADDITIONAL DRG INTERIM BILLING <b>OR</b> INITIAL SUBMISSION <b>OR</b> RESUBMISSION OF ERROR REJECT <b>OR</b> ZERO PAYMENT WITH 100% OHI/TPL <b>OR</b> ADJUSTMENT NEW SUFFIX  TS, NO OHI/TPL. (ALLOW 1 <sup>¢</sup> ROUNDING ERROR IN		
-155-08R	THIS EDIT.)  AMOUNT PAID BY GOVERNMEN  NON-DISCOUNTABLE HOSPI REVENUE CODES SPECIFIED PSYCHOLOGICAL TREATMEN	C G I R O F COUNT TAL SI AS AN NT (900	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR  RESUBMISSION OF ERROR REJECT OR  ZERO PAYMENT WITH 100% OHI/TPL OR  ADJUSTMENT NEW SUFFIX  TS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN  NTRACTOR MUST EQUAL:  ERVICES (TOTAL CHARGES BY REVENUE CODE FOR SESTHESIA (370), BLOOD (380-389), PSYCHIATRIC/0-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES		
-155-08R	THIS EDIT.)  AMOUNT PAID BY GOVERNMEN  NON-DISCOUNTABLE HOSPI REVENUE CODES SPECIFIED PSYCHOLOGICAL TREATMEN (916, 918-919), PROFESSIONAL	G I R O F COUNT NT COI TAL SI AS AN NT (900 L FEES	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR  RESUBMISSION OF ERROR REJECT OR  ZERO PAYMENT WITH 100% OHI/TPL OR  ADJUSTMENT NEW SUFFIX  TS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN  NTRACTOR MUST EQUAL:  ERVICES (TOTAL CHARGES BY REVENUE CODE FOR SETHESIA (370), BLOOD (380-389), PSYCHIATRIC/0-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (960-969, 971-979, 981-988)), PLUS		
-155-08R	THIS EDIT.)  AMOUNT PAID BY GOVERNMEN  NON-DISCOUNTABLE HOSPI REVENUE CODES SPECIFIED PSYCHOLOGICAL TREATMEN (916, 918-919), PROFESSIONAL  THE AFTER DISCOUNT RATE	C G I R O F COUN' NT COI TAL S: AS AN NT (90) . FEES	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR  RESUBMISSION OF ERROR REJECT OR  ZERO PAYMENT WITH 100% OHI/TPL OR  ADJUSTMENT NEW SUFFIX  TS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN  NTRACTOR MUST EQUAL:  ERVICES (TOTAL CHARGES BY REVENUE CODE FOR SETHESIA (370), BLOOD (380-389), PSYCHIATRIC/0-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (960-969, 971-979, 981-988)), PLUS		
-155-08R	THIS EDIT.)  AMOUNT PAID BY GOVERNMEN  NON-DISCOUNTABLE HOSPI REVENUE CODES SPECIFIED PSYCHOLOGICAL TREATMEN (916, 918-919), PROFESSIONAL  THE AFTER DISCOUNT RATE  96% FOR SPECIAL RATE CODE	C G I R O F COUN' NT COI TAL SI AS AN NT (900 , FEES E DRG	CANCELLATION OR  ADDITIONAL DRG INTERIM BILLING OR  INITIAL SUBMISSION OR  RESUBMISSION OF ERROR REJECT OR  ZERO PAYMENT WITH 100% OHI/TPL OR  ADJUSTMENT NEW SUFFIX  TS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN  NTRACTOR MUST EQUAL:  ERVICES (TOTAL CHARGES BY REVENUE CODE FOR STHESIA (370), BLOOD (380-389), PSYCHIATRIC/0-909), PSYCHIATRIC/PSYCHOLOGICAL SERVICES (960-969, 971-979, 981-988)), PLUS  G 4% DISCOUNT (A)  G 3% DISCOUNT (B),		

#### ELEMENT NAME: AMOUNT PAID BY GOVERNMENT CONTRACTOR (1-155) (CONTINUED) TIMES (AMOUNT ALLOWED MINUS [PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS THE NON-DISCOUNTABLE HOSPITAL SERVICES]) WHEN: TYPE OF SUBMISSION = A ADJUSTMENT OR C CANCELLATION OR F ADJUSTMENT NEW SUFFIX OR G ADDITIONAL DRG INTERIM BILLING OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION OF ERROR REJECT **AND** PROGRAM INDICATOR = I INSTITUTIONAL **AND ENROLLMENT** STATUS = F FI STANDARD PROGRAM OR MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD PROGRAM OR MANAGED CARE SUPPORT - STANDARD Τ PROGRAM OR Q NEW ORLEANS STANDARD PROGRAM **OR** CRI STANDARD PROGRAM **OR** CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO; AMOUNT OF THIRD PARTY LIABILITY = ZERO; SPECIAL RATE CODE = A DRG 4% DISCOUNT OR B DRG 3% DISCOUNT OR C DRG 2% DISCOUNT OR E DRG 1% DISCOUNT 1-155-10R AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST EQUAL ZERO WHEN DRG NUMBER IS 469 OR 470 **AND** TYPE OF SUBMISSION = A ADJUSTMENT OR C COMPLETE CANCELLATION OR D COMPLETE DENIAL OR F ADJUSTMENT NEW SUFFIX OR G ADDITIONAL DRG INTERIM BILLING OR I INITIAL SUBMISSION OR O ZERO PAYMENT WITH 100% OHI/TPL OR R RESUBMISSION OF ERROR REJECT <sup>1</sup> IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT

**CONTRACTOR MUST = \$0.00.** 

ELEMENT N	IAME:	AMOUNT PAID BY GOVERN	IMEN	T CONTRACTOR (1-155) (CONTINUED)		
	AMC	OUNT PAID BY GOVERNMENT	ГСО	NTRACTOR MUST BE ≤ ZERO		
	W	WHEN DRG NUMBER IS 469 O	R 470			
	A	ND TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA <b>OR</b>		
			Е	CANCELLATION NON-HCSR DATA		
1-155-11R	IF ALL DETAIL OCCURRENCES ARE DENIED  AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = ZERO WHEN:					
	Т	YPE OF SUBMISSION =	A	ADJUSTMENT OR		
			С	COMPLETE CANCELLATION OR		
			D	COMPLETE DENIAL OR		
			F	ADJUSTMENT NEW SUFFIX <b>OR</b>		
			G	ADDITIONAL DRG INTERIM BILLING OR		
			Ι	INITIAL SUBMISSION OR		
			О	ZERO PAYMENT WITH 100% OHI/TPL OR		
			R	RESUBMISSION OF ERROR REJECT		
	Е	LSE TYPE OF SUBMISSION =	В	ADJUSTMENT NON-HCSR DATA <b>OR</b>		
			Е	CANCELLATION NON-HCSR DATA		
	<b>THEN</b> AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST BE $\leq$ ZERO.					

<sup>&</sup>lt;sup>1</sup> IF THE "LESSER" COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT CONTRACTOR MUST = \$0.00.